

Parental Consent and Photo Release

TX-32 Congressional Youth Advisory Council

Parental Consent Authorization:

I hereby authorize my child, _____, to participate in the TX-32 Congressional Youth Advisory Council. I understand that services are offered on a voluntary basis. I agree to assume all risks for injuries resulting from my child's participation in volunteer activities.

Parent Guardian Name: _____ **Date:** _____

Parent/Guardian Signature: _____

Photo Release Authorization:

Congressman Colin Allred and staff associated with the Allred Office have my permission to use and publish my, or my child's photograph in the media or other official communications platforms, such as the Allred Office website, newsletter, press releases, social media, etc., including the World Wide Web, to promote the TX-32 Congressional Youth Advisory Council. I understand that I will receive no compensation for any photos taken.

Student's Name: _____

Parent Guardian Name: _____ **Date:** _____

Parent/Guardian Signature: _____